



# Suffolk County Police Department Citizens' Academy Application



Date of Application: \_\_\_\_\_ Home Precinct of Candidate: \_\_\_\_\_

Name (Last/First/Middle): \_\_\_\_\_

Maiden Name/AKA: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex: M F (Circle one)

Drivers License #: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ State Issued: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Work Phone Cell Phone

Referred by: \_\_\_\_\_

Community Organization(s) Associated With: \_\_\_\_\_

*PRESENT EMPLOYER*

Name of Company: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Employed Since: \_\_\_\_\_

Do you have any past arrests, convictions or pending court cases?  Yes  No

If Yes, list Date, Agency Name (e.g., Southampton Town PD, Suffolk Co. PD, etc.), Charge & Disposition below.

Include all misdemeanors and felonies. You do not have to include infractions –example traffic tickets.

<u>Date</u>	<u>Agency Name</u>	<u>Charge</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Background/Criminal Check Authorization**

I understand that a criminal background and warrant check will be conducted by the Suffolk County Police Department as part of the application process. I hereby authorize any law enforcement agency to release to the Suffolk County Police Department any and all information which said agencies have about me for the purpose of aiding the Suffolk County Police Department in evaluating my eligibility for participation in the Citizens' Academy. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies. I hereby release, discharge and agree to hold harmless the Suffolk County Police Department, associated law enforcement agencies, their agents and any person(s) furnishing information from any and all liability arising out of furnishing and examining said documents and/or information.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Attach photocopy of driver's license or photo ID  
and mail your completed application to:**

*Suffolk County Police Academy*

*502 Wicks Road*

*Brentwood, NY 11717*

*Att :PO Savino Academy Training Section – Citizens' Academy  
(631) 853-7064*